T BAR M CHALLENGE COURSE PROGRAMS MEDICAL QUESTIONNAIRE

To be filled out by participant or parent/guardian if under 18:

Note: complete individual forms for each retreat participant (camper or day guest)

Birthdate:	Name of participant: Sex:		
Home Address: City:	Birthdate: / /		
In an emergency notify:	Home Address:		
In an emergency notify:	City: State: Zin:		
Relationship: Participant Medical History Health History: (Circle the appropriate response and describe any yes answers) Have you had or do you currently have any heart problems? i.e., strokes, heart attacks, and/or heart related diseases? Do you frequently suffer from pains/pressure in your chest? Do you often feel faint or have spells of severe dizziness? PES NO Do you often feel faint or have spells of severe dizziness? YES NO Are you a smoker? YES NO Are you a smoker? YES NO (NOTE: If you have had any heart related problems you will need to have a release from a physician in order to participate in any camp activities.) Do you have arthritis, joint or back problems that might be aggravated by exercise? Have you had any operations, serious injuries or illnesses? (dates) YES NO Have you had any operations, serious injuries or illnesses? YES NO Do you have any disabilities or communicable diseases? YES NO Are you allergic to any medicines, insects or pollen? YES NO Do you have Asthma? YES NO Do you have Epilepsy? YES NO Do you have Epilepsy? YES NO Do you have Diabetes? YES NO Do you have Diabetes? YES NO Do you have any prescribed meal plan or restrictions? YES NO List any activities to be limited or prohibited Suggestions or health related information for T Bar M Camps Personnel: General Health Statement (How is your health today?) Additional Information or Comments: Policy # In the event that I am unable to grant permission, I do give permission to the physician selected by the group leader to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me.		_	
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